



*Hermitage
Comprehensive
Treatment Center*

An Integrated Approach to Patient Access

About Acadia



- Headquartered in Franklin, TN.
- Operates nearly 600 behavioral health facilities.
- Operates [Volunteer OTP in Chattanooga](#).
- Operates [America's largest network of OTP clinics](#).
 - 132 licensed locations in 29 states
 - More than 63,000 patients per day – 65% of ADC
 - 15% of all OTP patients nationwide
- Continuum of care using [integrated network](#) of behavioral health facilities and resources.

Acadia's Tennessee Continuum of Care



Facilities



Volunteer

Comprehensive Treatment Center
Opioid Use Disorder Program



DELTA SPECIALTY HOSPITAL

Memphis



Clarksville

Comprehensive Treatment Center
Opioid Use Disorder Program



TrustPoint
HOSPITAL



Crestwyn
Behavioral Health



MIRROR LAKE
RECOVERY CENTER



erlanger

Behavioral Health Hospital



ClearPath

Future Facility

Dowell Springs

Behavioral Health 

Future Facility

Cumberland

Behavioral Health  Ascension
Saint Thomas

Partners



BAPTIST®



Saint Francis
Hospital - Memphis



erlanger
Health System



Covenant
HEALTH®



Ascension

Saint Thomas

The Opioid Epidemic



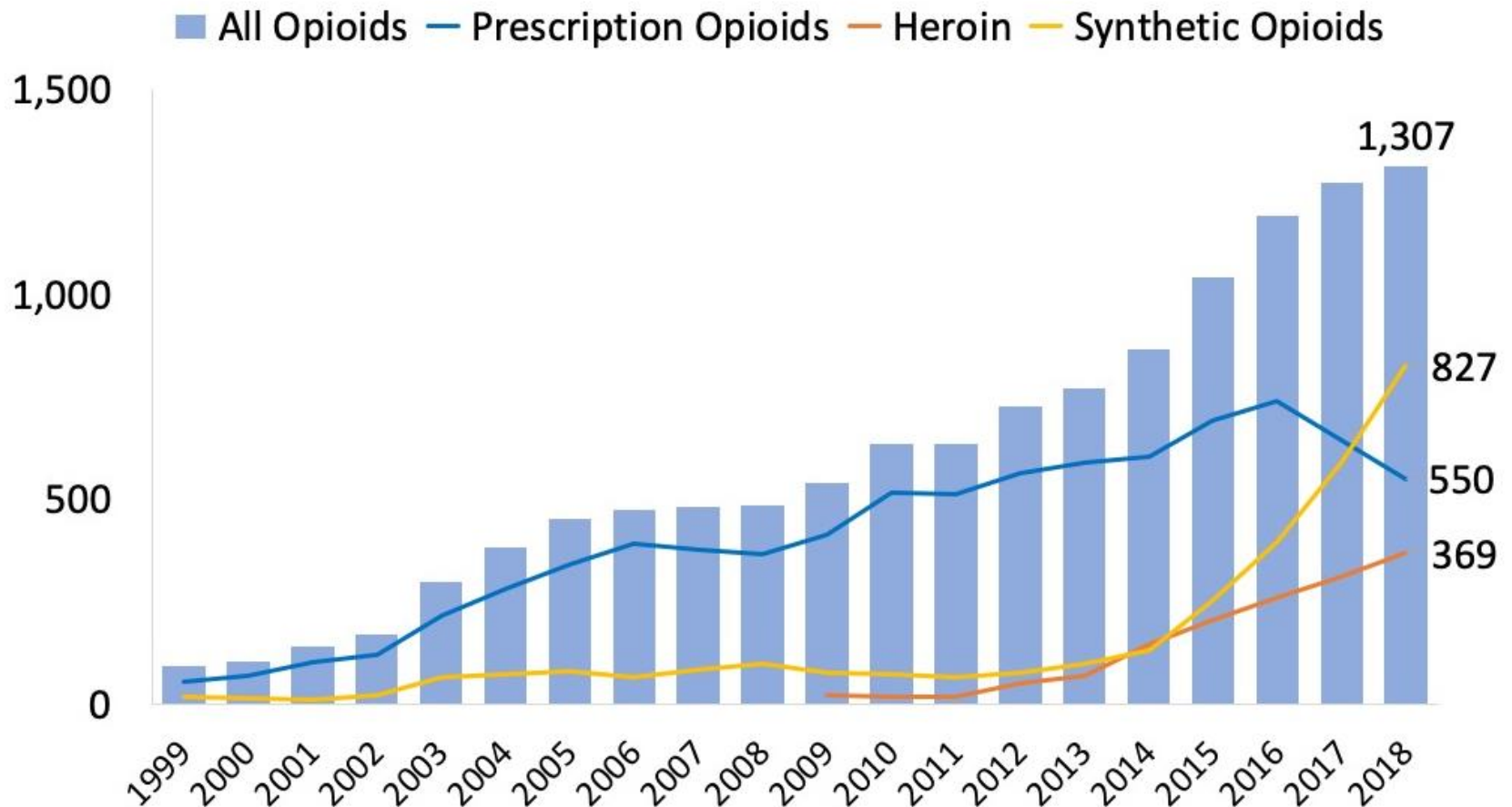
- In 2018, an estimated 20.3 million persons were affected by substance abuse disorders.
- In 2018, an estimated 1.7 million persons had OUDs related to prescription pain relievers.
- In 2018, an estimated 500,000 persons had OUDs related to heroin use.
- In 2019, the U.S. had a record 70,980 drug overdose fatalities, 4.6% higher than 2018.
- 2020 drug overdose deaths on target to be highest yet, up 11.4% from same time period in 2019.
- The COVID-19 pandemic is exacerbating opioid overdoses and relapses and severely limiting treatment access.

The Opioid Epidemic in Tennessee



- Rate for OUDs in Tennessee exceeds the national average.
- In 2018, Tennessee had the third highest opioid prescribing rate in the country (81.8 prescriptions for every 100 persons).
- In 2019, Tennessee saw a 17.7% increase in drug overdose deaths compared to 2018.
- In 2019, 73% of Tennessee's 2,139 drug overdose deaths involved opioids, compared to 71% nationally.
- In 2019, Tennessee had the 9th highest number of opioid overdose deaths nationally.

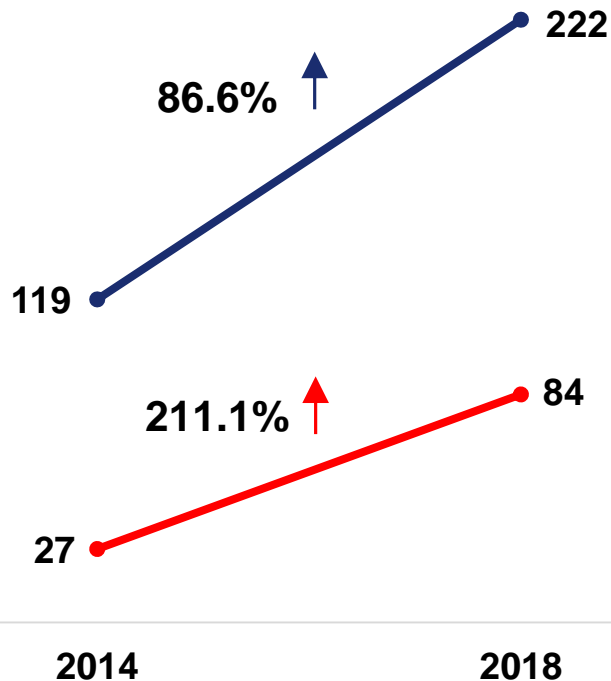
Tennessee Opioid Overdose Deaths – 2018



Opioid Epidemic Trends in Service Area

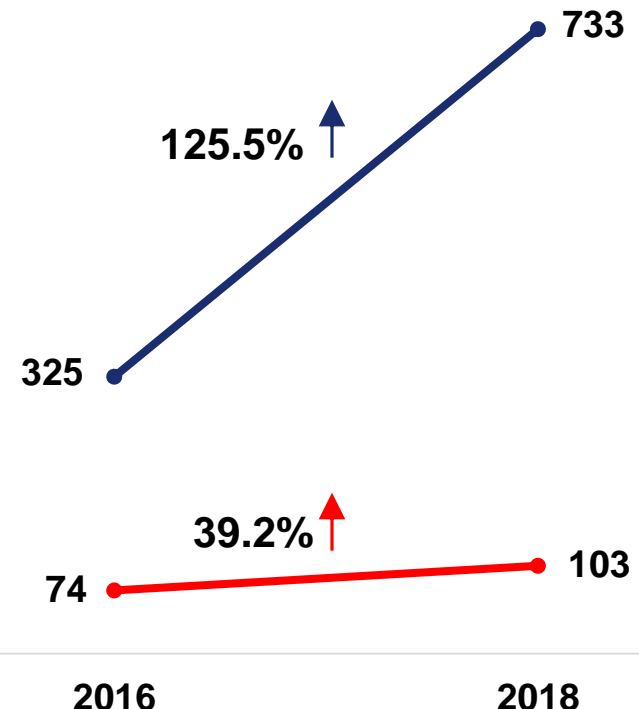


Deaths Associated with Opioid Overdose



● # Opioid Overdose Deaths
● # Heroin Overdose Deaths

Hospital Stays Associated with Heroin



● # Heroin-Related Outpatient Visits
● # Heroin-Related Inpatient Admissions

Lack of Access



- Estimated 120,000 TN adults did not receive treatment for drug use in 2017-2018.
- In 2019, estimated 77,170 TN adults were opiate dependent – 10% of which are in the service area.
- Fewer OTPs per 1 million residents:
 - Tennessee ranked 40th out of 50 states.
- Poor OTP-to-population ratio:
 - Less than half the US average
 - Less than half the average of five surrounding states

Lack of Access



State	OTPs in 2020	2019 Population
Alabama	23	4.9 million
Georgia	77	10.6 million
Kentucky	24	4.5 million
North Carolina	83	10.5 million
Tennessee	18	6.8 million
Virginia	39	8.5 million

Lack of Access in Service Area



168

Supplemental #1 (Original)

BHG XLIX, LLC
dba
BHG Madison Treatment Center
Madison (Davidson Co.)

CN2003-004

SUPPLEMENTAL #1

**March 24, 2020
10:01 am**

Mr. Phillip Earhart
March 19, 2020
Page 8

response shows 7,522 service area residents with unmet need for OTP services. BHG Madison Treatment Center conservatively projects it will serve 248 patients with methadone in year one and 392 by the end of year two.⁴ This equates to BHG Madison Treatment Center serving 5.2% of the unmet need in its second year of operation.

In large metropolitan areas, multiple OTPs in a county can improve geographic access for patients without harming an existing OTP. *With a second OTP, Davidson County will still have fewer OTPs per adult than Shelby or Knox counties.*

The application also considers the number of service area residents receiving treatment at the existing OTP. Davidson County, the second most populous county in Tennessee, has only one OTP.⁵ The existing OTP is very busy during peak hours in the morning, and patients would benefit if a second OTP in Davidson County reduced patient volumes at the existing OTP. In large metropolitan areas, multiple OTPs in a county can improve geographic access for patients without harming an existing OTP. With a second OTP, Davidson County will still have fewer OTPs per adult than Shelby or Knox counties. The capacity of the existing OTP, BHG Nashville, is based on the number of dosing windows and the number of counseling offices. BHG estimates that 175 patients can use each dosing window—so the dosing capacity is 875 patients for the five windows at BHG Nashville. Counseling capacity is limited by the number of

⁴ Note, the applicant projects 24 OBOT patients (who will receive buprenorphine or suboxone) in year one and 48 OBOT patients in year two. Because the calculation of unmet need is based on historic methadone patients, the buprenorphine patients are not included in the response to this supplemental question.

⁵ The OTP in Davidson County is owned by the applicant's parent company, BHG. BHG does not expect the opening of an additional OTP in the county will have a materially adverse impact on the existing OTP's operations.

Lack of Access in Service Area



168

Supplemental #1 (Original)

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dba
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CN2003-004

SUPPLEMENTAL #1

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Page 9

offices. The maximum capacity for the eighteen counseling offices at BHG Nashville is approximately 1,000 patients. As shown in the 2019 point-in-time TDMHSAS data, BHG Nashville served 779 patients on December 20, 2019.⁶ BHG Nashville was close to its maximum capacity in December 2019. With recent Medicare, TennCare and private insurance coverage of OTP services, BHG expects Tennessee OTP facilities will see a substantial increase in patients. As such, BHG Nashville is likely to become even busier and would benefit from having some of its patients treated at BHG Madison.

The assessment should also include:

- a. A description of the geographic area to be served.
i. The applicant shall provide the number of patients in the area.

BHG Nashville was close to its maximum capacity in December 2019. With recent Medicare, TennCare and private insurance coverage of OTP services, ***BHG expects Tennessee OTP facilities will see a substantial increase in patients.*** As such, BHG Nashville is likely to become even busier and would benefit from having some of its patients treated at BHG Madison.

The SUPPORT Act

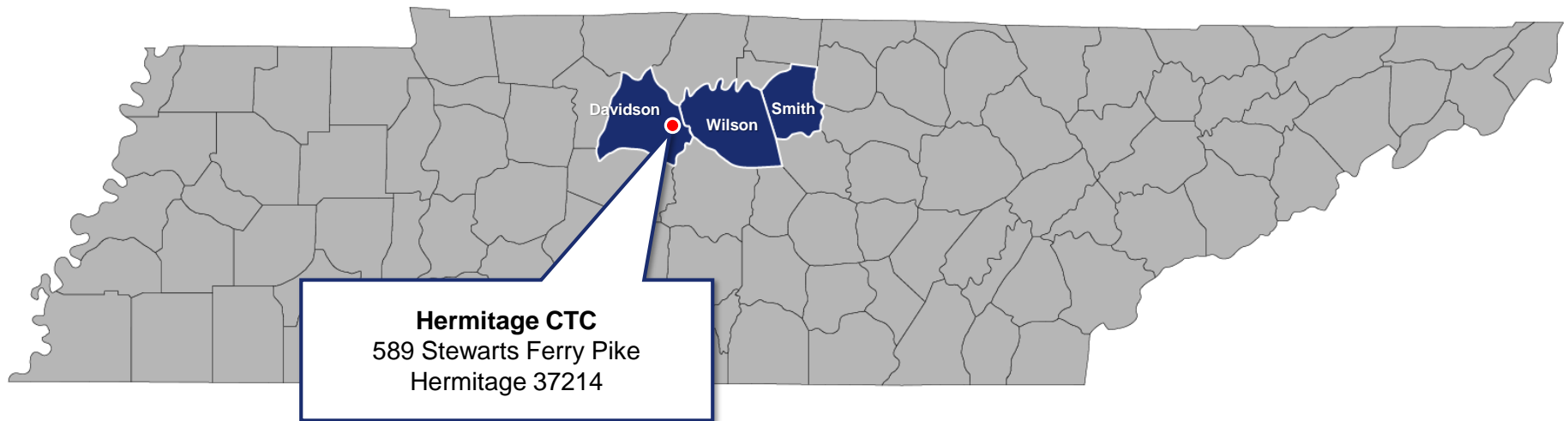


- Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).
- Enacted by Congress with [huge bipartisan majorities](#) and signed into law on October 24, 2018.
- Expands [Medicare coverage to include opioid use disorder treatment services](#) provided by OTPs (eff. 1/1/2020).
- Adds OTPs to list of eligible Medicare providers.
- Requires [Medicaid coverage for all FDA-approved MAT drugs](#), including methadone and counseling services and behavioral therapy (eff. 7/1/2020 for TennCare).

Hermitage CTC Primary Service Area



Davidson, Smith, and Wilson Counties



The Project



- Tennessee's 19th licensed OTP.
 - State & Federally Licensed
 - CARF Accredited
- First OTP to focus on patients in far eastern Davidson County, Smith and Wilson Counties.
- Adds critical patient choice for Nashville-area consumers.
- Focus on "wrap-around" services.
 - Patient-specific daily dosages of medically-indicated pharmaceuticals
 - Continuous monitoring & screening
 - Psychological & physical evaluations
 - Individual & group counseling
 - Linkage to other community providers and services

Strong Community Support: Senator Steven Dickerson



STEVEN DICKERSON
STATE SENATOR
20th SENATORIAL DISTRICT

REPRESENTING PARTS OF
DAVIDSON COUNTY

EMAIL
sen.steven.dickerson@capitol.tn.gov

Senate Chamber
STATE OF TENNESSEE

NASHVILLE

As Tennessee seeks solutions to curb the opioid epidemic, its healthcare infrastructure can benefit from the proposed compassionate, comprehensive and specialized addiction care that Hermitage Comprehensive Center intends to offer.



STEVEN DICKERSON
STATE SENATOR
20th SENATORIAL DISTRICT

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sen.steven.dickerson@capitol.tn.gov

Senate Chamber
STATE OF TENNESSEE

NASHVILLE

LEGISLATIVE OFFICE
774 CORDELL BUILDING
NASHVILLE, TENNESSEE 37243
615-741-6679

CHAIRMAN:
Senate State and Local Government

COMMITTEE MEMBERSHIP:
Senate Education Committee

July 15, 2020

Via Email

Mr. Logan Grant
Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Hermitage Comprehensive Treatment Center – Certificate of Need

Dear Mr. Grant:

I write this letter in support of Hermitage Comprehensive Treatment Center's proposal to establish a non-residential opioid treatment program (OTP) in Hermitage. As Tennessee seeks solutions to curb the opioid epidemic, its healthcare infrastructure can benefit from the proposed compassionate, comprehensive and specialized addiction care that Hermitage Comprehensive Treatment Center intends to offer. I hope that you will carefully consider and approve Hermitage Comprehensive Treatment Center's certificate of need application, which undoubtedly furthers the orderly development of healthcare in Davidson County and Tennessee.

Warmest Regards,

Senator Steve Dickerson
State Senate- District 20

28661911.1

Strong Community Support: Senator Jeff Yarbro



JEFF YARBRO
STATE SENATOR
21ST SENATORIAL DISTRICT

764 CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37243
(615) 741-3291



Tennessee State Senate

NASHVILLE

Approving Hermitage Comprehensive Treatment Center's certificate of need would augment Tennessee's deficient substance abuse treatment capacity and bring necessary resources to Tennessee, enabling it to achieve greater parity with neighboring states' responses to the opioid epidemic.

For these, and many other reasons, I urge you to approve Hermitage Comprehensive Treatment Center's CON application.

Sincerely,

Senator Jeff Yarbro
District 21

Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Re: Hermitage Comprehensive Treatment Center Certificate of Need for
Nonresidential Opioid Treatment

Dear Mr. Grant:

As a Tennessee resident, I am aware of the devastating impact the opioid epidemic is having on our state. In my over six years in the Tennessee State Senate, I have seen firsthand how access to healthcare and treatment options is critical to addressing this crisis. Establishing a much-needed nonresidential opioid treatment center is a vital step in our fight against addiction. Thus, I write to you today to express my strong support for the Hermitage Comprehensive Treatment Center's application for a Certificate of Need (CON) for a nonresidential opioid treatment center.

In recent years, the opioid epidemic has become a major public health crisis in Tennessee. Simultaneously, David S. Sisk, MD, has been instrumental in understanding of the need for nonresidential opioid treatment centers in Tennessee.

Approving Hermitage Comprehensive Treatment Center's certificate of need would augment Tennessee's deficient substance abuse treatment capacity and bring necessary resources to Tennessee, enabling it to achieve greater parity with neighboring states' responses to the opioid epidemic.

For these, and many other reasons, I urge you to approve Hermitage Comprehensive Treatment Center's CON application.

Strong Community Support: Representative Darren Jernigan



TENNESSEE HOUSE OF REPRESENTATIVES

66TH HOUSE DISTRICT
DAVIDSON COUNTY



425 5TH AVENUE NORTH
SUITE 572
NASHVILLE, TN 37243-160
PHONE: (615) 741-6959

DARREN JERNIGAN
REPRESENTATIVE
rep.darren.jernigan@capitol.tn.gov

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6/1/20

Mr. Logan Grant
Executive Director
Tennessee Health Services & Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: Hermitage Comprehensive Treatment Center Certificate of Need Appl

Dear Mr. Grant:

Through my work as a state representative serving constituents in Davidson County, including my role as a member of the Health Committee and the Mental Health & Substance Abuse Subcommittee, and as a former member of Nashville's Metropolitan Council, I have seen firsthand the devastating effect the opioid epidemic continues to have on our state and Davidson County, in particular. I write this letter to support Hermitage Comprehensive Treatment Center's certificate of need application to establish a nonresidential opioid treatment program ("OTP") in Hermitage.

Across the country, the overuse of opioids has reached epidemic levels. Tennessee has the third highest rate of opioid prescriptions in the country. We also have one of the highest rates of opioid-involved overdose deaths. Tennessee consistently lags behind its neighboring states in terms of the number of available treatment resources that are needed to combat this costly problem.

Hermitage Comprehensive Treatment Center will give Davidson County much needed additional capacity to treat persons struggling with this problem. OTPs have been proven to be an effective tool for overcoming opioid use disorders and helping those with substance use disorders improve their quality of life. I urge you to approve the certificate of need application and assist Tennesseans in obtaining appropriate substance abuse treatment.

Sincerely,

Darren Jernigan

Tennessee has the third highest rate of opioid prescriptions in the country. We also have one of the highest rates of opioid-involved overdose deaths. Tennessee consistently lags behind its neighboring states in terms of the number of available treatment resources that are needed to combat this costly problem.

Hermitage Comprehensive Treatment Center will give Davidson County much needed additional capacity to treat persons struggling with this problem.

TENNESSEE HOUSE OF REPRESENTATIVES



DARREN JERNIGAN
REPRESENTATIVE
rep.darren.jernigan@capitol.tn.gov

Strong Community Support: BHG Madison



TRAUGER & TUKE
ATTORNEYS AT LAW
221 FOURTH AVENUE NORTH, SUITE 300
NASHVILLE, TENNESSEE 37219-2111
TELEPHONE (615) 256-8585
FAX (615) 256-7444

August 11, 2020

Via U.S. Mail and Email (logan.grant@tn.gov)

Mr. Logan Grant
Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Hermitage Comprehensive Treatment Center
CN2005-014

Dear Mr. Grant:

Please accept this letter on behalf of BHG, XLIC, LLC d/b/a Madison Treatment Center ("BHG Madison") in support of the referenced certificate of need application for an opioid treatment program submitted by Hermitage Comprehensive Treatment Center. There is a need for an opioid treatment program in the service area identified by the applicant, and although it may seem unusual that a competing opioid treatment provider would support a competitor's application, BHG Madison believes that the referenced application contributes to the orderly development of healthcare and should be approved.

Very truly yours,


Byron R. Trauger

BRT:ssw

cc: W. Brantley Phillips, Esq.
John Wellborn

TRAUGER & TUKE
ATTORNEYS AT LAW
221 FOURTH AVENUE NORTH, SUITE 300
NASHVILLE, TENNESSEE 37219-2111
TELEPHONE (615) 256-8585
FAX (615) 256-7444

There is a need for an opioid treatment program in the service area identified by the applicant, and although it may seem unusual that a competing opioid treatment provider would support a competitor's application, ***BHG Madison believes that the referenced application contributes to the orderly development of healthcare and should be approved.***

Prevalence of OUD in Service Area



*From 2020 to 2024, the prevalence of individuals with opioid use disorder in the service area is expected to **consistently increase**, enhancing demand for OTP treatment.*

Service Area County	Population (18+) CY 2020	Population (18+) CY 2024	# Opiate Dependent Individuals CY 2020*	# Opiate Dependent Individuals CY 2024*	% Increase in Opiate Dependent Individuals 2020 to 2024
Davidson	555,191	574,649	6,274	6,494	3.5%
Smith	15,533	15,974	176	181	2.8%
Wilson	110,179	118,440	1,245	1,338	7.5%
Total	680,903	709,063	7,695	8,013	4.1%

*Based on prevalence rate of 1.13% in 2018 National Survey on Drug Use and Health.

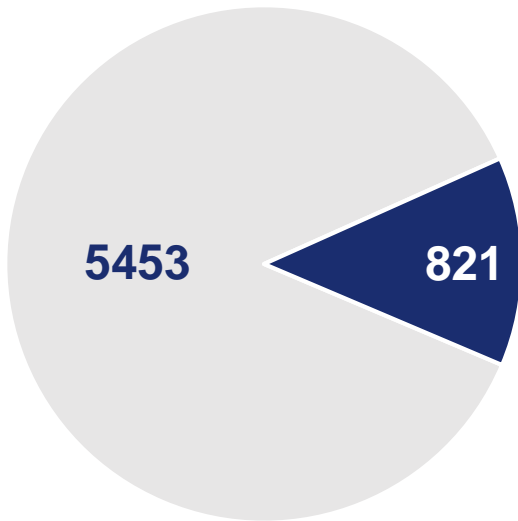
Service Area in High Need



*Existing OTPs are meeting the needs of **11.5%** of the **7,695** service area patients with opioid use disorder.*

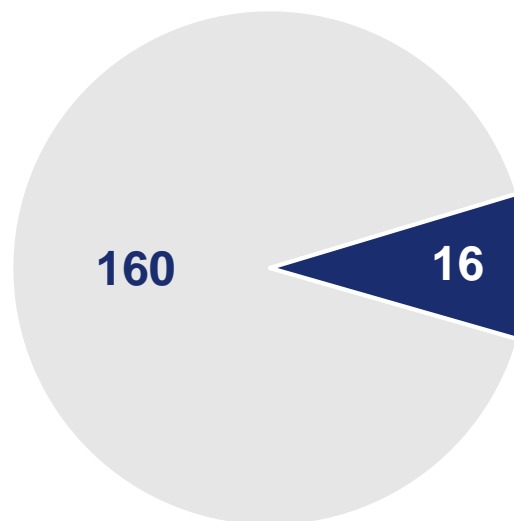
Davidson County

13.1% Need Met



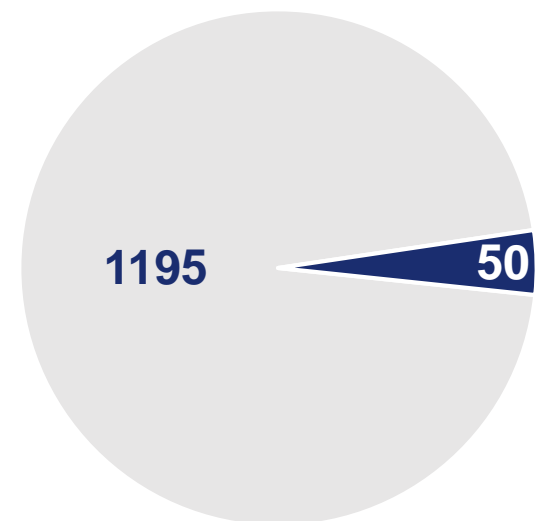
Smith County

9.1% Need Met



Wilson County

4.0% Need Met



Economic Feasibility



- Modest start-up costs fully funded by Acadia Healthcare.
- Reasonable schedule of charges consistent with other providers.
- No admission fee or advance payments.
- High utilization beginning in Year One.
- Positive cash flow and operating margin early in Year Two.
- Open to Medicaid and Medicare patients as soon as approved.
- Charity care offered to pregnant women.

Orderly Development



- Improves patient access in a highly populated and rapidly growing service area.
- Addresses documented health crisis in Middle Tennessee.
- Led and supported by leading behavioral healthcare provider.
- Offers service area patients a local treatment option and adds patient choice in OTP providers.
- Supported by Behavioral Health Group, a competing OTP provider that currently operates the only existing OTPs in the service area.
- Supported by community leaders and resource agencies in the service area.

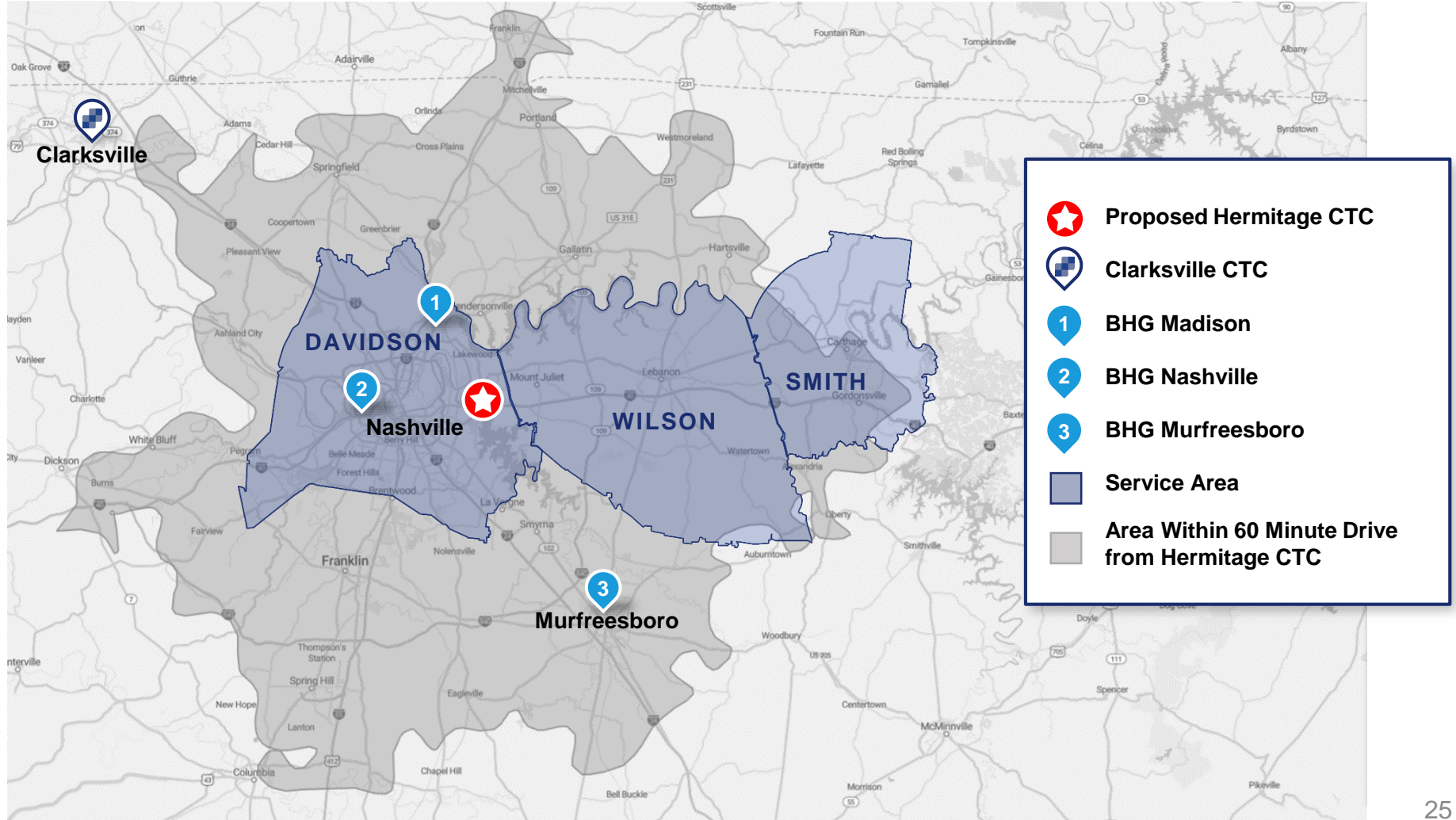


***Hermitage
Comprehensive
Treatment Center***

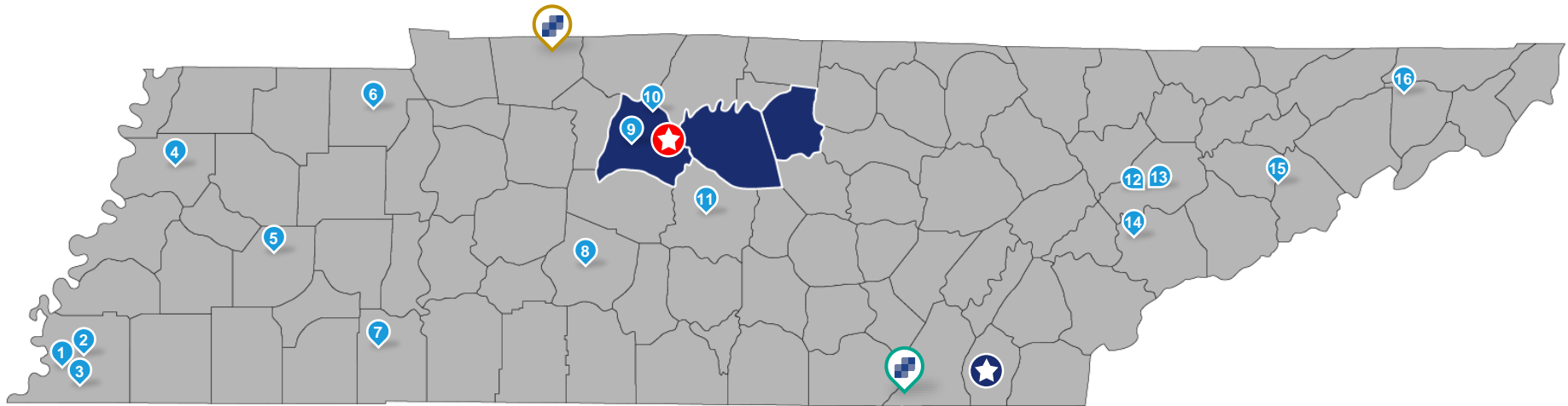
An Integrated Approach to Patient Access

Appendix


Availability of Opioid Treatment in Service Area



Availability of Opioid Treatment in Service Area



 Proposed Hermitage CTC

 Proposed Cleveland CTC

 Clarksville CTC

 Volunteer Treatment Center

 1 BHG Memphis Mid-Town

 5 BHG Jackson

 9 BHG Nashville

 13 BHG Knoxville Bernard

 2 BHG Memphis North

 6 BHG Paris

 10 BHG Madison

 14 TLC Maryville

 3 BHG Memphis South

 7 Solutions of Savannah

 11 BHG Murfreesboro

 15 New Hope Treatment Center

 4 BHG Dyersburg

 8 BHG Columbia

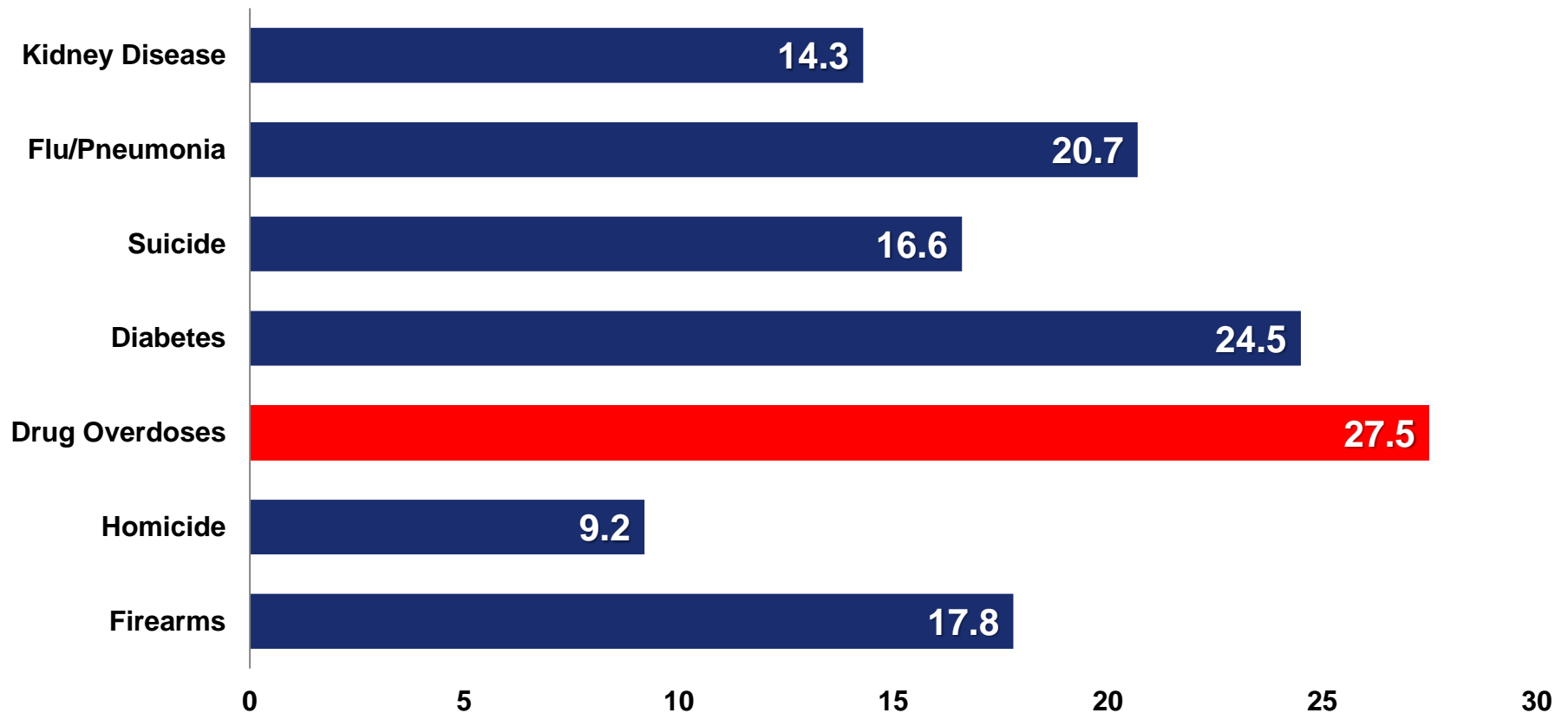
 12 BHG Knoxville Citico

 16 Overmountain Recovery

Tennessee Death Rates



Rate of Death Per 100,000 Persons



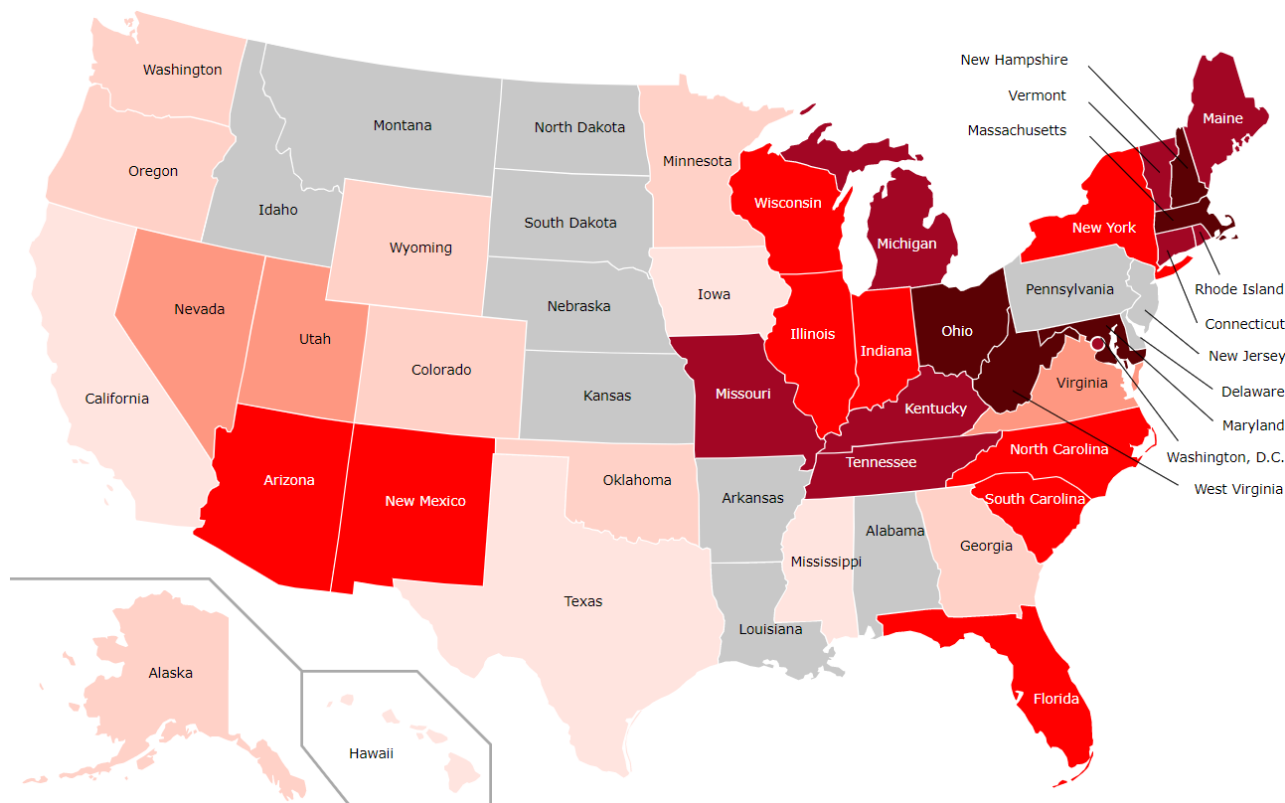
Opioid-Involved Overdose Deaths – 2018



Death Rates per 100,000 People

>27.8	
19.1 – 27.7	Davidson Co. 27.3 Tennessee 19.9
15.1 – 19	Wilson Co. 15.2
9.6 – 15	United States 14.6
6.3 – 9.5	
<6.2	
N/A	Smith Co. 3*

**Total opioid overdose deaths. Rates not reported for counties with < 10 deaths in any year 2014-2018.*



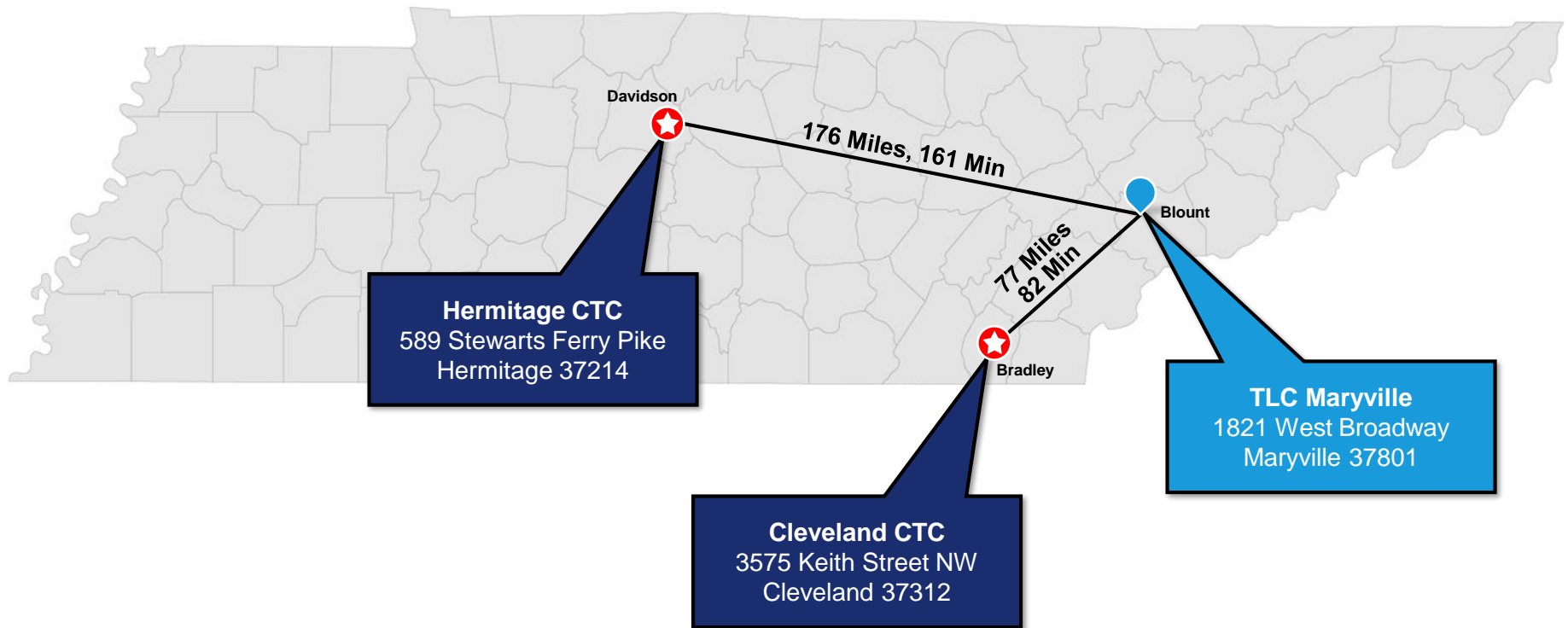
Improving Unmet Treatment Need



*Even with the approval of Hermitage CTC, the service area will remain in **high need** of OTPs.*

Service Area County	Current # Pts Treated in OTPs	# Pts Shifted from BHG Nashville to BHG Madison	Estimated # Pts BHG Madison (Y2)	Estimated # Pts Hermitage CTC (Y2)	Resulting # Pts in OTP Treatment	Total Pts in Need of OUD Treatment	% Need Met
Davidson	821	(58)	134	104	1,001	6,274	16.0%
Smith	16	0	0	11	27	176	15.3%
Wilson	50	0	0	83	133	1,245	10.7%
Total	887	(58)	134	198	1,161	7,695	15.1%

Serving Distinct Communities



Copycat Opposition



August 21, 2020

Logan Grant, Executive Director
Tennessee Health Services & Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Dear Mr. Grant and Board Members of the HSDA:

It is with significant alarm that the Patricia Hall Talbott learned about Applications CN2005-14 and CN2005-16.

I write to oppose these applications under the criteria for based on the following:

Provide Healthcare that Meetings Appropriate Quality and CN2005-16

It was with great alarm that we were sent information pertaining to practices that span several years earlier this week. Attached

- **Attachment A** – Recent North Carolina state licensure deficiencies, and plans of correction for opioid treatment the parent company in the State of North Carolina
- **Attachment B** – Nationwide state and federal licensure deficiencies, and news media reports spanning pages appropriate quality standards back to at least 2007
- **Attachment C** – Official announcement from the U.S. than one year ago of the parent company's agreeing to settlement in West Virginia state history
- **Attachment D** – Settlement Agreement between Acacia Department of Justice
- **Attachment E** – Corporate Integrity Agreement between General of the U.S. Department of Health & Human Services

As such, we strongly oppose both CN2005-14 as well as CN2005-16. The parent company of these applications has a long and demonstrated history of inappropriate quality standards across their vast treatment

As recently as last year Acacia Healthcare entered into the settlement with the Department of Justice in West Virginia history. For

1821 West Broadway Avenue, Maryville, TN

Attachment B

Sampling of historical Acacia inspections and news media reports

All of the below contain hyperlinks. The heading is the Acacia-owned facility in question, the bullet points underneath the center name link direct to licensing audits that show specific deficiencies – contrary to the Tennessee quality assurance requirement to be awarded a CON – and/or news media reports related to that facility.

Acacia Montana Treatment Center (Butte, MT)

- [State Inspection Reports \(2014-2017\)](#)

Allentown Comprehensive Treatment Center (Allentown, PA)

- [State Inspection Reports \(2015-2017\)](#)

Appleton Comprehensive Treatment Center (Appleton, WI)

- [State Inspection Report \(2017\)](#)

Ascent Treatment and Outpatient Clinic (10 Facilities in Arkansas)

- [Boy, 5, Found Dead After Spending 8 Hours in Van Outside Children's Health Clinic: Cops \(2017\)](#)
- [Newspaper: MH Ascent vans twice had alarm trouble \(2017\)](#)
- [4 West Memphis Daycare Employees Charged With Manslaughter in Toddler's Hot Van Death \(2017\)](#)
- [Ascent Children's Closes all facilities](#)

Asheville Comprehensive Treatment Center (Asheville, NC)

- [State Inspection Report \(2018\)](#)

For consideration in review of the following:
CN2005-014 and CN2005-016

ACADIA EXPOSED

DESTRUCTIVE GREED presented by Marcus Aurelius Value



HOME TROUBLED FACILITIES DOCUMENTS ABOUT CONTACT

Documents

Over several months, we gathered and reviewed thousands of pages of public documents including over 600 state and federal inspection reports as well as court records, media reports, lawsuits, and police records. We have posted a substantial amount of these documents here for the benefit of the public.

Acacia Montana Treatment Center (Butte, MT)

- [State Inspection Reports \(2014-2017\)](#)

Allentown Comprehensive Treatment Center (Allentown, PA)

- [State Inspection Reports \(2015-2017\)](#)

Appleton Comprehensive Treatment Center (Appleton, WI)

- [State Inspection Report \(2017\)](#)

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- [Ascent Children's Closes all facilities](#)

Asheville Comprehensive Treatment Center (Asheville, NC)

- [State Inspection Report \(2018\)](#)

Bayside Marin Treatment Center (San Rafael, CA)

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Opposition Driven By Activist Investors “Short” in Acadia Stock



ACADIA EXPOSED
DESTRUCTIVE GREED presented by Marcus Aurelius Value

SEARCH...

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About

Marcus Aurelius Value is a pseudonym of an investor that focuses on researching companies that are misrepresenting themselves to investors. We are short Acadia Healthcare (NASDAQ: ACHC).

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Marcus Aurelius Value is a pseudonym of an investor that focuses on researching companies that are misrepresenting themselves to investors. ***We are short Acadia Healthcare.***

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DESTRUCTIVE GREED presented by Marcus Aurelius Value

SEARCH...

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Report

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WHISTLEBLOW
OBSERVED MISCONDUCT OR FRAUD AT AN A FACILITY?

HOME / ABOUT / CONTACT

You should assume that as of the publication date of his reports and research, Aurelius and possibly any companies affiliated with him and their members, partners, employees, consultants, clients and/or investors (***the “Aurelius Affiliates”***) ***have a short position in the stock (and/or options, swaps, and other derivatives related to the stock) and bonds of Acadia Healthcare. They therefore stand to realize significant gains in the event that the prices of either equity or debt securities of Acadia Healthcare decline.***

You should assume that as of the publication date of his reports and research, Aurelius and possibly any companies affiliated with him and their members, partners, employees, consultants, clients and/or investors (the “Aurelius Affiliates”) have a short position in the stock (and/or options, swaps, and other derivatives related to the stock) and bonds of Acadia Healthcare. They therefore stand to realize significant gains in the event that the prices of either equity or debt securities of Acadia Healthcare decline.

Please note that Aurelius, the author of this report, and the “Aurelius Affiliates” are not in any way associated with Aurelius Capital Management



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An Integrated Approach to Patient Access